

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

38457

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2469

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>RURAL - BONHOMME</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST. LOUIS COUNTY</u>				Length of stay in lb <u>2 DAYS</u>		Box 232 (If outside, give location) <u>CANARY LANE</u>	
3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>AGNES</u> Last <u>Hodges</u>				4. DATE OF DEATH Month <u>10</u> Day <u>-3-</u> Year <u>57</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 15, 1901</u>	
9. AGE (In years last birthday) <u>56</u>				IF UNDER 1 YEAR Months <u>56</u> Days <u>17</u> Hours <u>11</u> Min. <u>17</u>		IF UNDER 24 HRS. Months <u>56</u> Days <u>17</u> Hours <u>11</u> Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLEANING WOMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MANCHESTER NURS</u>		11. BIRTHPLACE (City and state or country) <u>CLARENCE, Mo.</u>	
13. FATHER'S NAME <u>JOHN BROCKMANN</u>				14. MOTHER'S MAIDEN NAME <u>HOME</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>490-22-5440</u>		17. INFORMANT <u>Al Bertram</u> Address <u>Manchester, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u> from <u>cecum</u> c <u>intestinal obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>171X</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from <u>10-2-57</u> to <u>10-3-57</u> and last saw her alive on <u>10-3-57</u> Death occurred at <u>3:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Chas M. Soy Mrs.</u> (Degree or title)				22b. ADDRESS <u>601 So. Brentwood</u>		22c. DATE SIGNED	
23a. BURIAL CREMATION <u>BURIAL</u>		23b. DATE <u>10-7-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN</u>		23d. LOCATION (City, town, or county) (State) <u>MANCHESTER Mo.</u>	
24. FUNERAL DIRECTOR <u>SCHRAMMER FUNERAL HOME, Bellevue</u> ADDRESS <u>Mo 10-7-57</u>				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <u>Herbert P. Daniels MD</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address Ballwin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.